

NC-TOPPS SNAPSHOT



Living Arrangements of Adolescents with Oppositional Defiant Disorder

A major goal of the state's public system is to assist consumers in living successfully in communities of their choice. For adolescents, the goal is to provide services and supports necessary for them to remain in their homes in the least restrictive environment in their home communities. Adolescents diagnosed with Oppositional Defiant Disorder (ODD) experience difficulty in their interpersonal interactions (DSM-IV-TR, 2000). Their antagonistic behavior impacts many areas of their lives such as family bonds, academic success, and legal involvement. Due to their antagonistic style and subsequent behaviors they are at a greater risk of out of home placement. NC-TOPPS data were used to explore the issue of out of home placement among these adolescents.

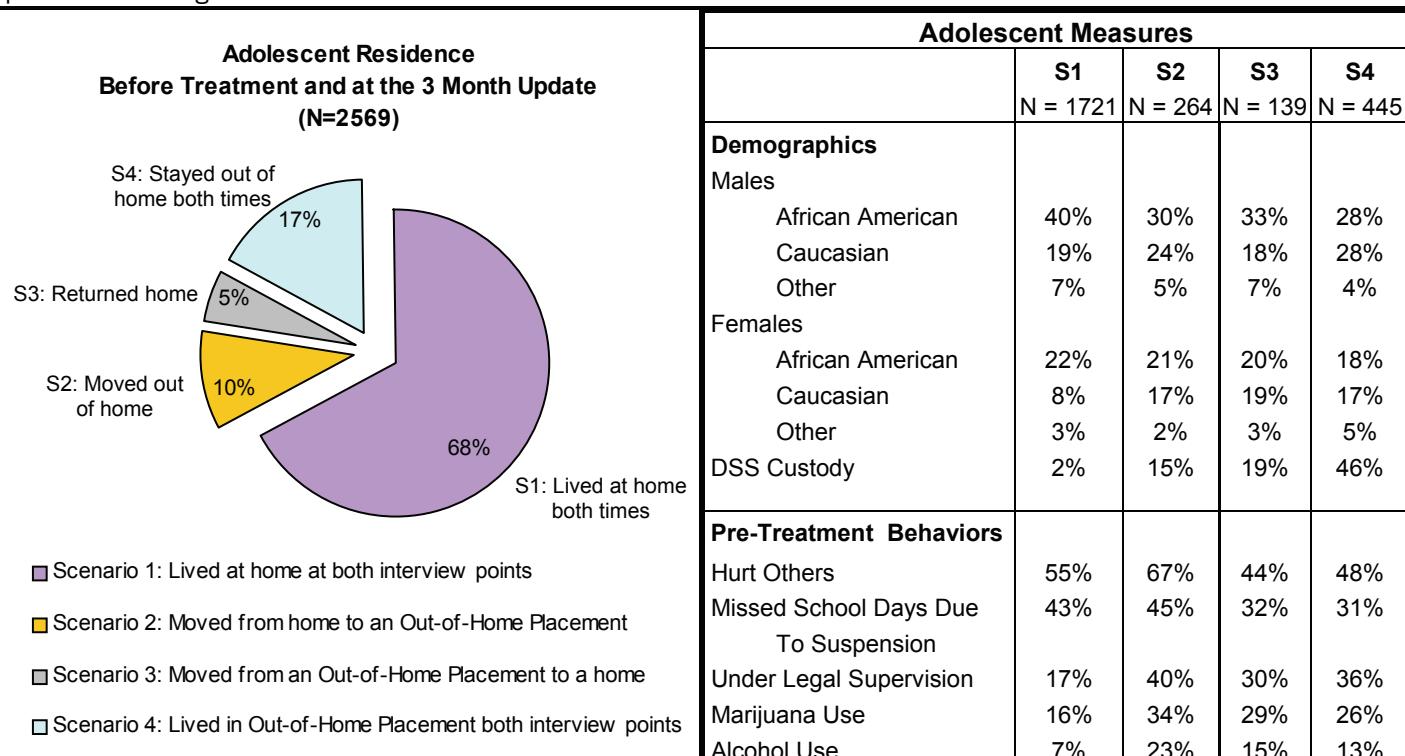


Chart Description: The chart above shows the living arrangement of adolescents age 12-17 prior to treatment compared to the third month of treatment.

The majority of adolescents lived at home at both time periods (Scenario 1). Among those moving, there were twice as many adolescents who were placed out of the home (Scenario 2) than those who returned to a home (Scenario 3).

Among those who continued in an out-of-home placement (Scenario 4), from one time to the next, 73% stayed in care that was at the same level of restrictiveness, while 13% moved to less restrictive environments, and 13% moved to more restrictive environments. Of those who moved from more to less restrictive surroundings, most moved out of an institution.

Table Description: The Adolescent Measures table provides demographic and pre-treatment behavioral information for adolescents in each of the four living scenarios. The sample was overwhelmingly male with African American males represented at higher rates in each scenario. All adolescents reported high levels of hurting another person. Adolescents who were removed from the home (S2) reported the highest levels of negative pre-treatment behaviors in all categories.

Discussion Questions:

- What best or emerging best practices provide youth with the necessary treatment and support to remain living at home?
- Are these services available in your community?

TIME PERIOD: INITIAL ASSESSMENTS CONDUCTED JULY 1, 2006–JUNE 2007 MATCHED TO THE 3 MONTH UPDATE THROUGH DECEMBER 31, 2007
 SOURCE: NC-TOPPS ADOLESCENT (12-17) MENTAL HEALTH CONSUMERS DIAGNOSED WITH OPPOSITIONAL DEFIDENT DISORDER—STATEWIDE